

Name
in
Full

Thomas, Baden,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baden</u> Town		<u>P. G.</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>Dec</u>	Day <u>24</u>	Age <u>37</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>md</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Lillie Baden</u>			
Father's Name <u>Robert H Baden</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Caroline Early</u>		Mother's Birthplace <u>"</u>			
Name of person giving Information <u>R. M. Hyde</u>		How related to deceased <u>brother in law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typho-Pneumonia</u>	How long <u>10 days</u>
Immediate <u>asphyxiated</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. H. Gibbons</u>
<u>yes</u>	Address <u>Croom md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Isaac Davis

Town

County

MARYLAND

Died at Lakeland

Prince Geo.

Date

Month

Day

Years

Months

Days

of death 1903

Dec.

16

Age

38

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Married, Single
or Widowed

Married

Occupation

Laborer

Name of Wife or
Husband

Mary Davis

Father's
Name

Franklin Ebbes Davis

Father's
Birthplace

M. D.

Mother's
Maiden Name

Martha Ebbes

Mother's
Birthplace

M. D.

Name of person giving
Information

Mary Davis

How related
to deceased

Wife

CAUSES OF DEATH

Primary

How long

Immediate

Acute Septicemia

How long

3 Days

Are the name, age, sex, color, date
and place correctly given above?

Correct

Signature of
Physician

Address

Charles
Sutcliffe M.D.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Margaret Dixon

CERTIFICATE OF DEATH

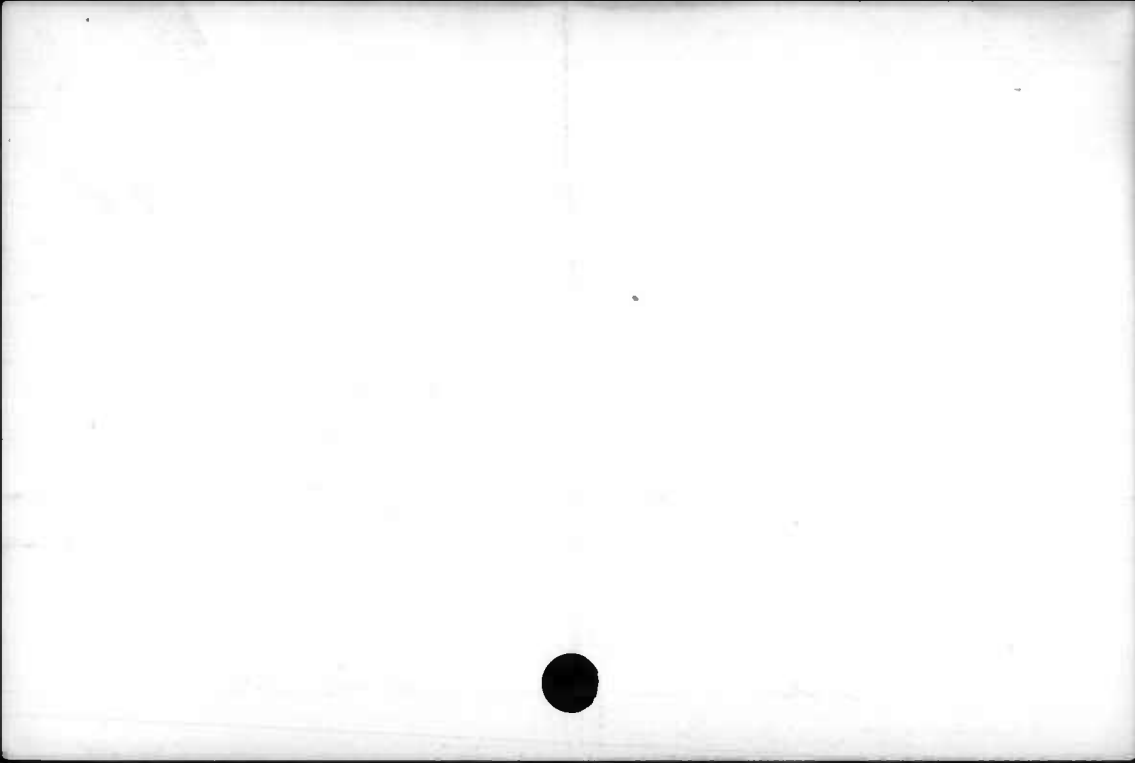
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sturrock</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 190 <i>0</i>	Month <i>12</i>	Day <i>8</i>	Years <i>27</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Prince George</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>W. E. Dixon</i>					
Father's Name <i>Clinton Johnson</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Kellie Coombes</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>W. E. Dixon</i>			How related to deceased <i>Husband</i>		

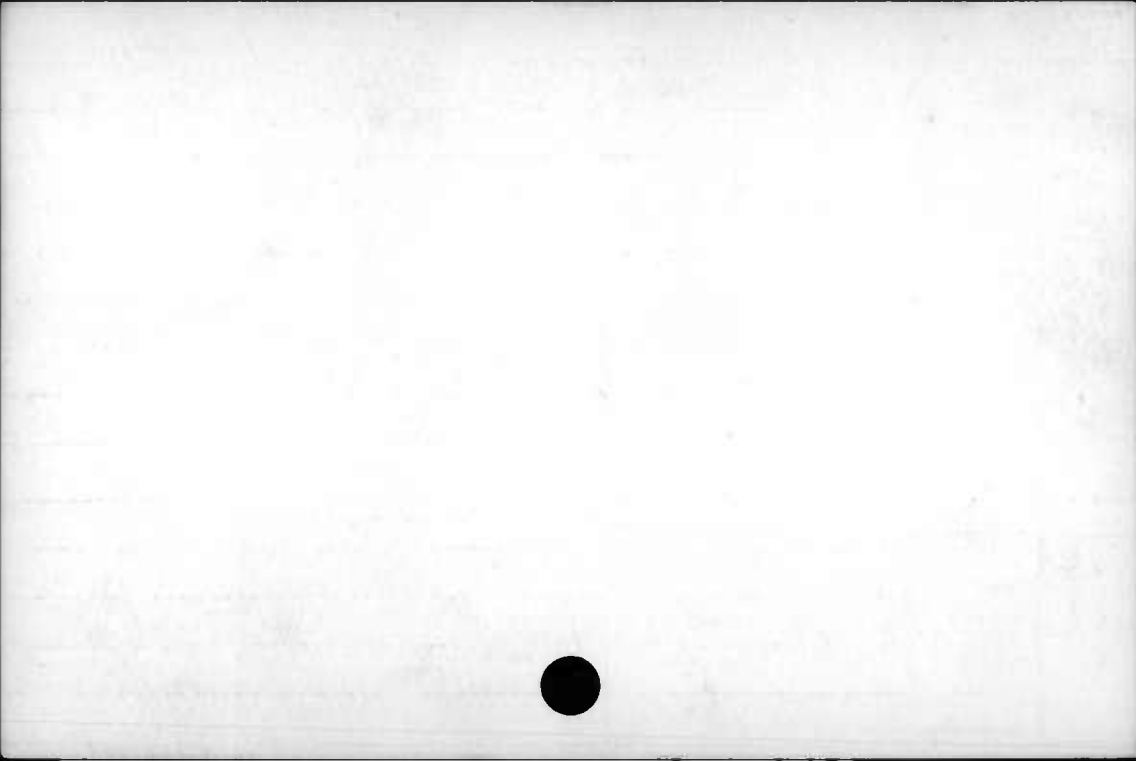
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Do not know, died when</i>	How long
Immediate <i>I reached the house</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. Halliday</i>
	Address <i>Princeton, W. Va.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Laurel</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND
	Date of death 190 <u>3</u>	Month <u>Dec</u>	Day <u>22</u>	Age <u>34</u>	Months <u>11</u> Days <u>27</u>
	Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Washington D.C.</u>	
	Married, Single or Widowed <u>Married</u>		Occupation <u>Clerk</u>		
	Name of Wife or Husband <u>Ella Lee</u>				
	Father's Name <u>John W. Duwall</u>		Father's Birthplace <u>P. G. Co</u>		
	Mother's Maiden Name <u>Jane N. Hopkins</u>		Mother's Birthplace <u>P. G. Co</u>		
Name of person giving information <u>Annie R. Duwall</u>		How related to deceased <u>Sister</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Tuberculosis</u>			How long <u>11 months</u>	
	Immediate <u>Gastritis</u>			How long <u>2 weeks</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>W. F. Taylor</u>	
				Address <u>Laurel Md</u>	
Accident or Suicide? <input type="checkbox"/>					



Name
in
Full

CERTIFICATE OF DEATH

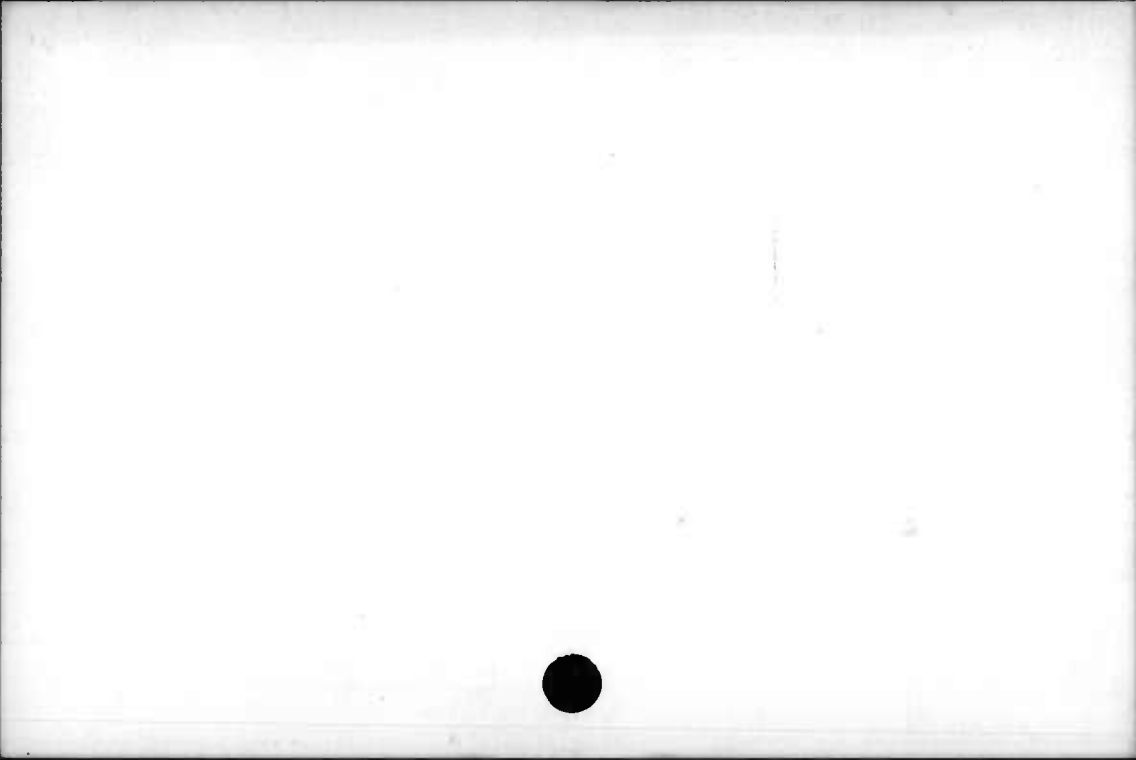
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlboro</i> ^{Town}		<i>P. G. County</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>14</i>	Age <i>2</i>	Months <i>8</i>	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Marlboro</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>Marlboro</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Richard Ford</i>			Father's Birthplace <i>Marlboro</i>		
Mother's Maiden Name <i>Mary Frances Jackson</i>			Mother's Birthplace <i>Marlboro</i>		
Name of person giving Information <i>Richard Ford</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Five Months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. A. Griffith M.D.</i>
	Address <i>Upper Marlboro</i>
	<i>P. G. County, Md.</i>
Accident or Suicide?	



Name
in
Full

Addison Hardisty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hardisty</i> ^{Town}		<i>P.G.</i> County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>15</i>	Age <i>81</i>	Years	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>P.G.C.</i>		
Married, Single or Widowed			Occupation <i>Mechanic</i>		
Name of Wife Husband <i>Cornelia Hardisty</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Son</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Complication of Disease</i>	How long <i>5 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Under Secretary</i>
<i>Sadison</i>	Address <i>Under Secretary</i>
Accident or Suicide?	



Name
in
Full

Eugene Harrison

CERTIFICATE OF DEATH

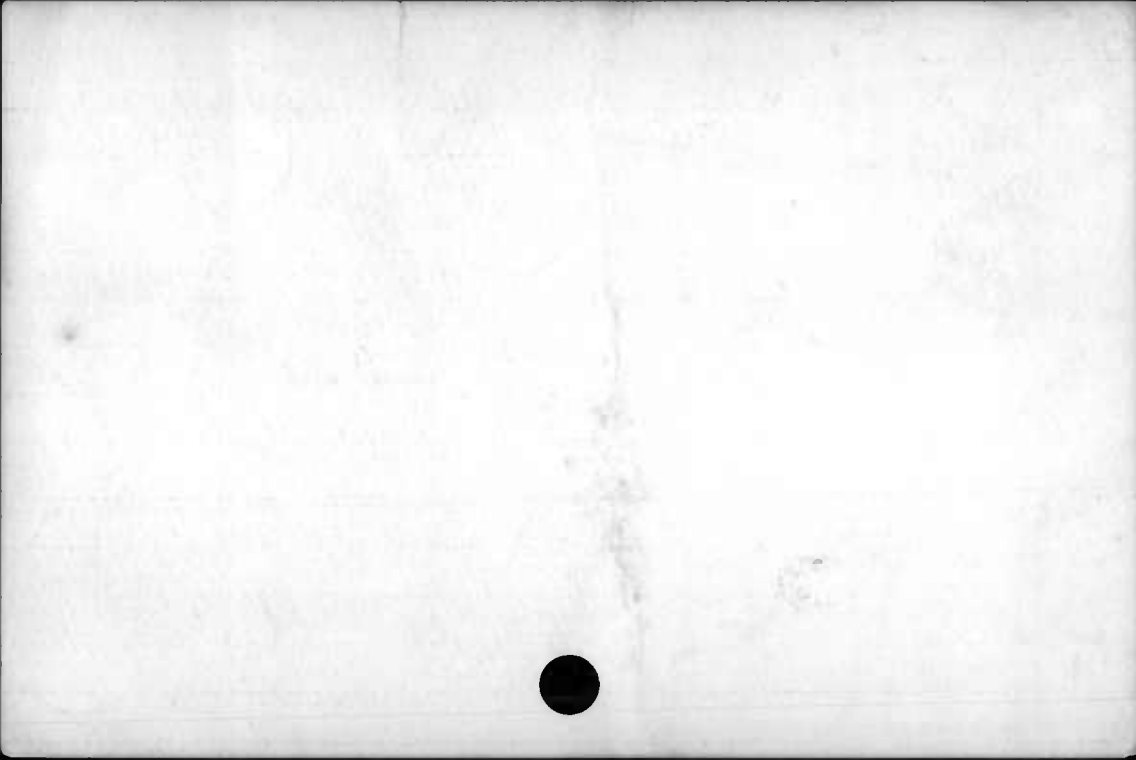
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u> Town		<u>Prince Georges</u> County		MARYLAND	
Date of death 190 <u>8</u>	<u>Dec</u> Month	<u>8</u> Day	Age	Years	Months
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Laurel</u>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>H. J. Harrison</u>			Father's Birthplace <u>Laurel Md</u>		
Mother's Maiden Name <u>Chara Lewis</u>			Mother's Birthplace <u>Howard Co</u>		
Name of person giving information <u>Father John Harrison</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Unknown</u>	How long	<u>3 hrs</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>JK</u>		Signature of Physician <u>J. J. Rogers</u>	
		Address <u>Laurel Md</u>	
Accident or Suicide?			



Name
in
Full

Mabel E. Hatton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Open Hill* ^{Town}*Prince Geo* ^{County}

Date

of death 1903

Month

Dec.

Day

12,

Years

Age

1

Months

6

Days

5

Sex

*Female*Color or
Race*Black*Birth-
place*M-d*Married, Single
or Widowed*—*

Occupation

*child*Name of Wife or
Husband*—*Father's
Name*George Hatton*Father's
Birthplace*M-d*Mother's
Maiden Name*Mary E. Deigs*Mother's
Birthplace*M-d*Name of person giving
In formation*George Hatton*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Marasmus

How long

4 months

Immediate

Asthenia

How long

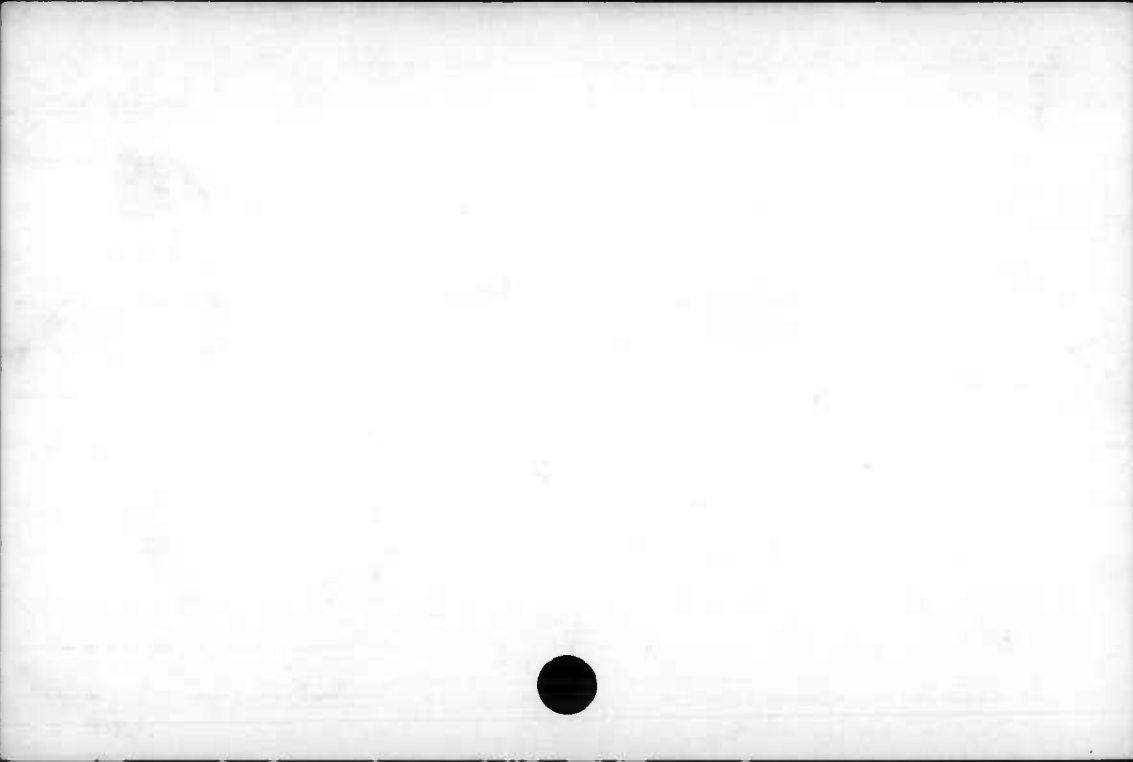
*2 weeks.*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. M. Parker M.D.**Rose Croft**M-d*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Eugene Hebern

CERTIFICATE OF DEATH

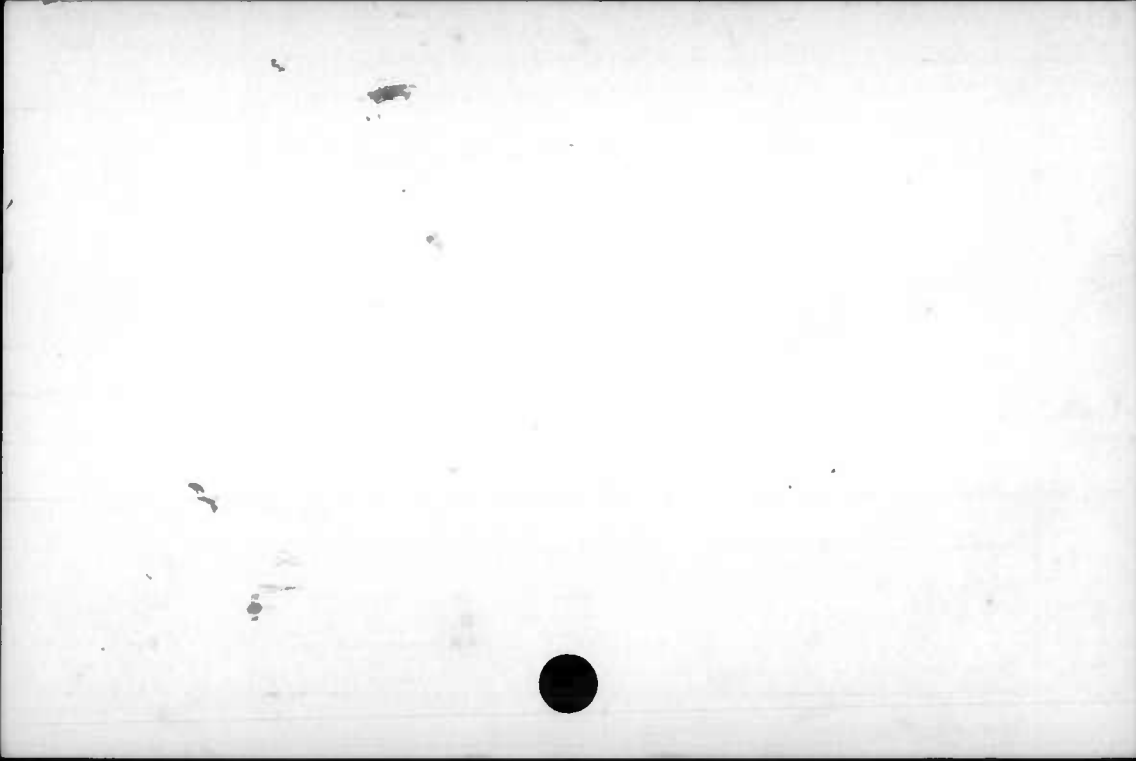
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Samuel</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month}	<u>Dec</u>	<u>27</u> ^{Day}	Age <u>72</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>male</u>	Color or Race <u>black</u>	Birth- place <u>Mundane</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>laborer</u>			
Name of Wife or Husband <u>Rebecca Hebern</u>					
Father's Name <u>Does not know</u>				Father's Birthplace <u> </u>	
Mother's Maiden Name <u>Does not know</u>				Mother's Birthplace <u> </u>	
Name of person giving in formation <u>Rebecca Hebern</u>				How related to deceased <u>yes</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>3 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. J. Dwyer</u>
	Address <u>Samuel Md</u>
Accident or Suicide?	



Name
in
Full

Joseph Henson

CERTIFICATE OF DEATH

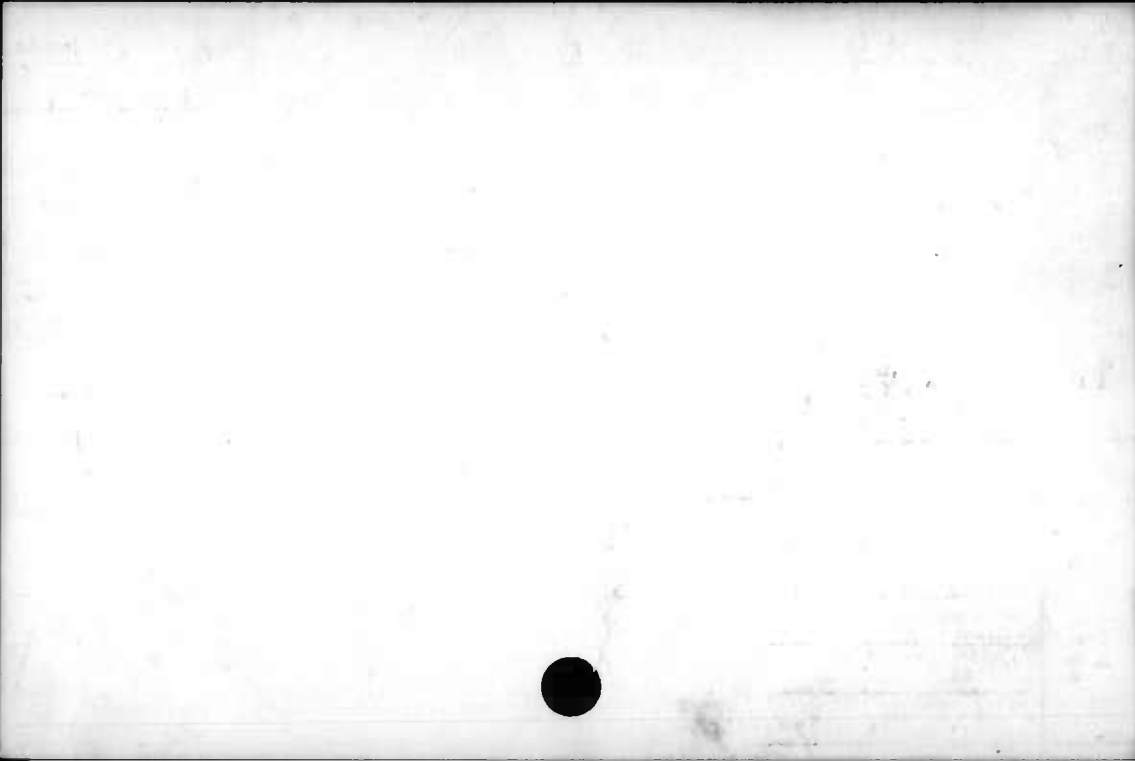
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mitchellville		^{County} Prince George		MARYLAND	
Date of death	1903	Month	Dec	Day	30
Age		Years	3	Months	1
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Charles Henson		Father's Birthplace	
Mother's Maiden Name		Ellen Duwall		Mother's Birthplace	
Name of person giving Information		Charles Henson		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute rheumatism	How long	10 days
Immediate	Endocarditis	How long	3 "
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		A. R. Walker, M.D.	
Address		Mitchellville, Md.	
Accident or Suicide?			



Name
in
Full

Alice Virginia Jackson

CERTIFICATE OF DEATH

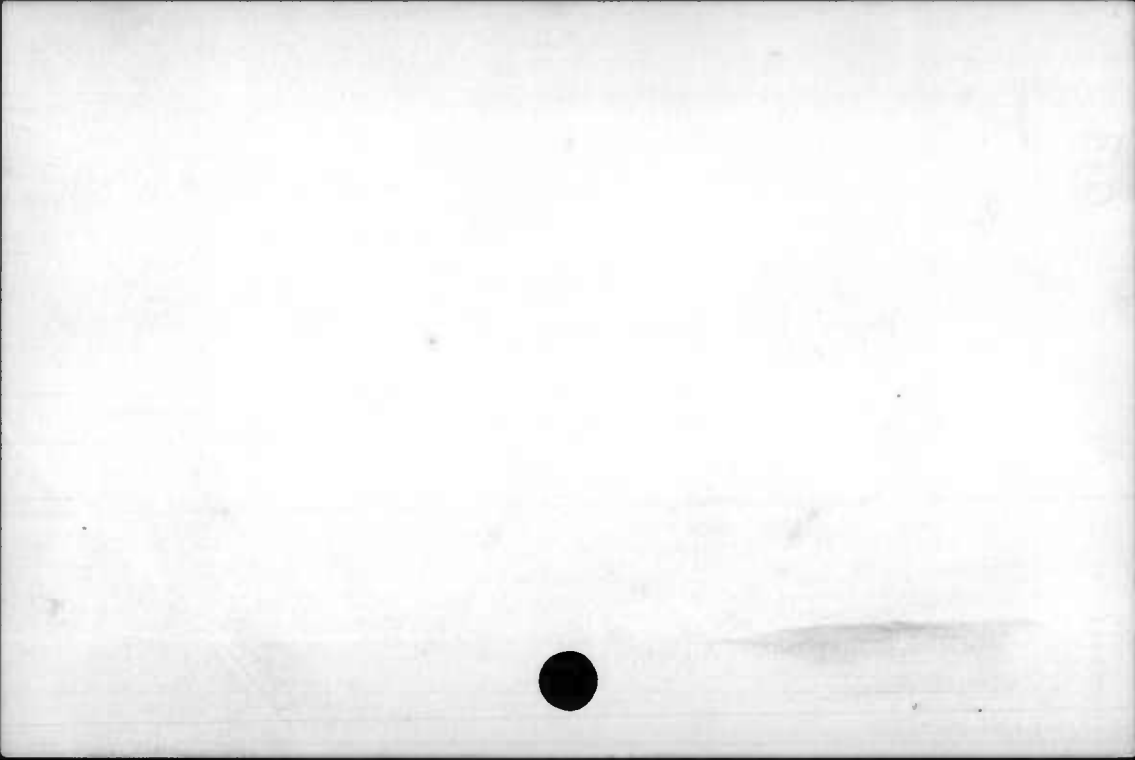
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Nottingham		County Prince Geo		MARYLAND	
Date of death 1903	Month dec	Day 1	Age 2	Years 2	Months 3	Days	
Sex Female		Color or Race Caucasian		Birth- place Nottingham			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Robert Jackson				Father's Birthplace Pr Geo Co			
Mother's Maiden Name Charlotte Gordon				Mother's Birthplace Pr Geo Co			
Name of person giving In formation Father				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	2 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. H. Gibbons
		Address	Crown and
Accident or Suicide?			



Name
in
Full

Charles Feniper

CERTIFICATE OF DEATH

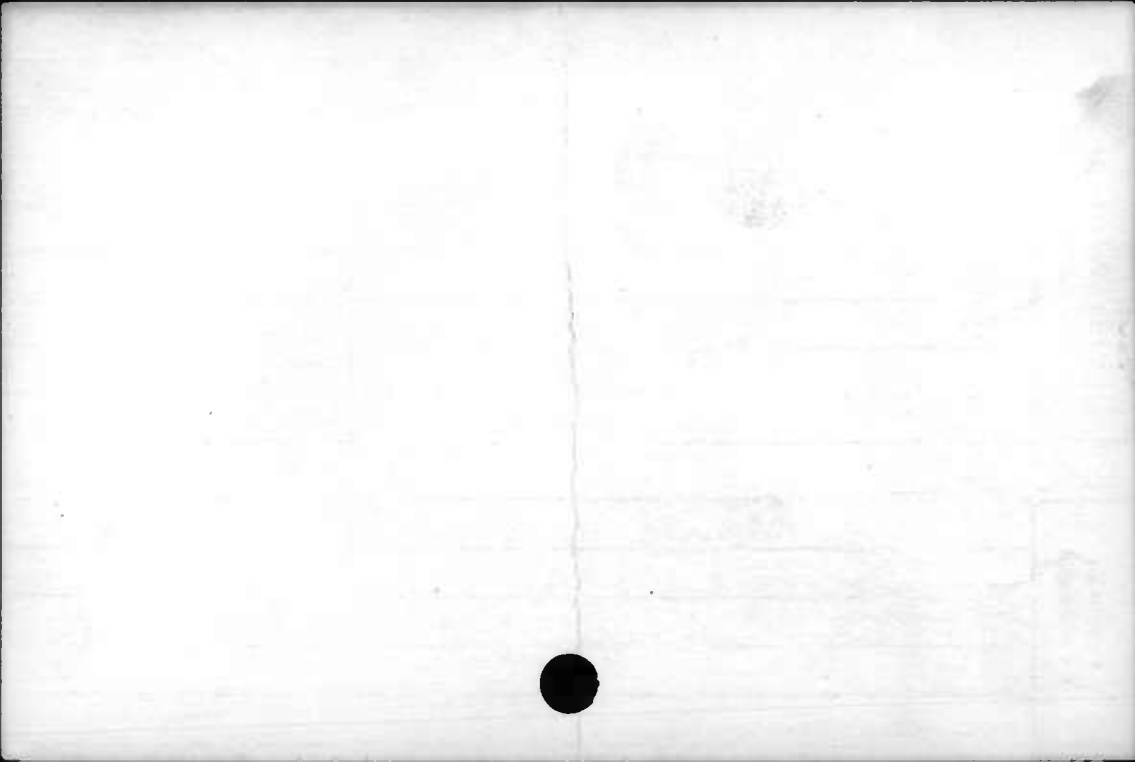
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princetown</i> <i>Prince Georges</i>		Town		County		MARYLAND	
Date of death 1903	Month 12	Day 20	Age 56	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>St. Mary's</i>				
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Barton Feniper</i>			Father's Birthplace <i>St. Mary's</i>				
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>Barton Feniper</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Abdominal Rheumatism</i>	How long <i>9 days</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Kelley</i>
	Address <i>Princetown Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Garfield Kerriak

Town

County

MARYLAND

Died at Clinton

P.C.

Date 1903 Dec 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age 23

Male

~~Female~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name Bruno KerriakMother's
Name

Cause of Primary Tuberculosis

Death Immediate Asthenia

How long sick

6 m

~~Accident, Suicide, Homicide~~

Reported by J. L. Kerriak

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968



Name
in
Full

George McLane

CERTIFICATE OF DEATH

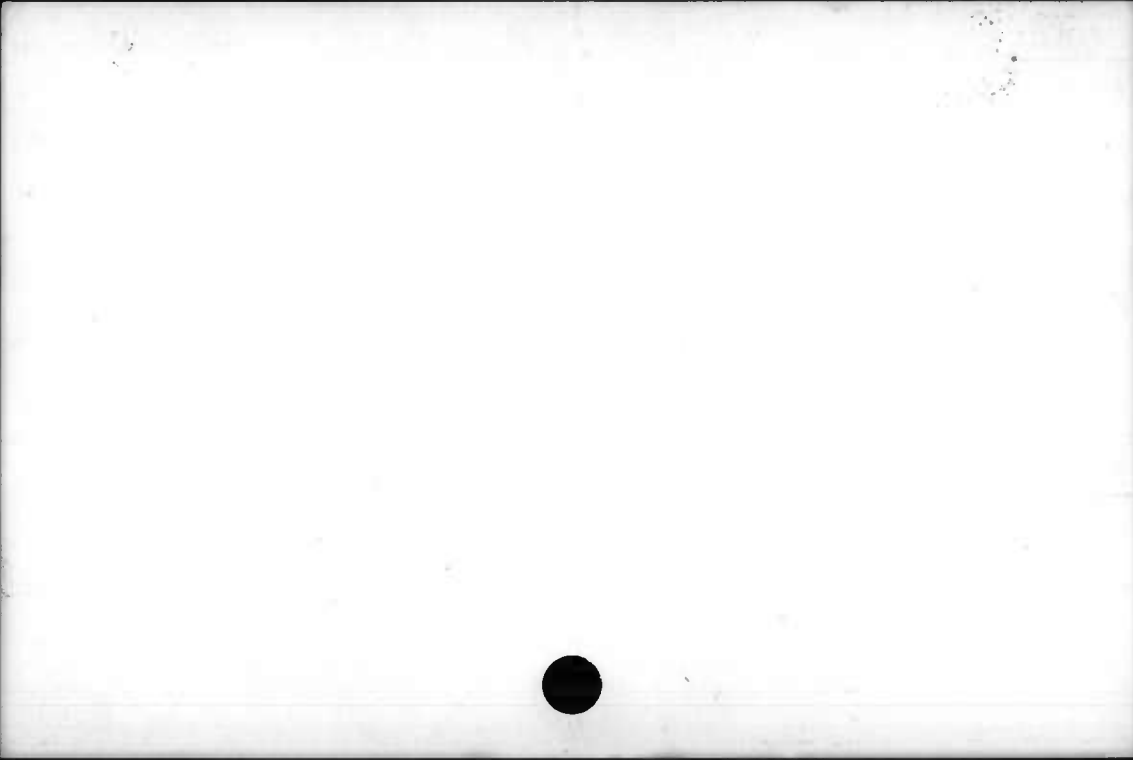
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Aquasco</i> Town		<i>Prinia George</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec.</i>	Day <i>9</i>	Age	Years	Months <i>4</i> Days
Sex <i>Male</i>	Color or Race <i>Mulatto</i>		Birth-place <i>Maryland.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>at home</i>		
Married Single or Widowed		Name of Wife or Husband			
Father's Name <i>George McLane</i>			Father's Birthplace <i>Maryland.</i>		
Mother's Maiden Name <i>Charity Green</i>			Mother's Birthplace <i>Maryland.</i>		
Name of person giving Information <i>Mike Green</i>			How related to deceased <i>Grand father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Obscure</i>	How long <i>a few hours</i>
Immediate <i>Convulsions</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. A. Harbury,</i>
	Address <i>Aquasco, Maryland.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Michael McConnick</i>		Town <i>Bladensburg</i>		County <i>Prince Geo.</i>		MARYLAND							
Died at		Date of death 1903		Month <i>Dec</i>		Day <i>14</i>		Years <i>38</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dist of Columbia</i>									
Married, Single or Widowed <i>Single</i>		Occupation <i>Cab driver</i>											
Name of Wife or Husband <i>—</i>													
Father's Name <i>Patric McConnick</i>		Father's Birthplace <i>Ireland</i>											
Mother's Maiden Name <i>Margaret McManis</i>		Mother's Birthplace <i>Ireland</i>											
Name of person giving information <i>Martin J. McConnick</i>		How related <i>Brother</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Augustus H. Dahler</i>	
Accident or Suicide?		Address <i>Bladensburg, Md.</i> <i>Acting Coroner</i>	



Name in Full

Certificate of Death

Alexander

Medley

Town

County

213

Pr Geo

Died at

MARYLAND

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

12

12

Age

85-

Ind

farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

12

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Not-Known

Not-Known

Cause of

Primary

Heart - disease

How long sick

year

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

John A. Coz Ind.

Address

213

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70908



Name
in
Full

Sarah Ellen Milburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Largo</i> Town		<i>P. George</i> County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>15</i>	Age <i>38</i>	Years <i>38</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>A.A.Co., Md</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>James Milburn</i>					
Father's Name <i>Edward E. Dorr</i>			Father's Birthplace <i>A.A.Co., Md</i>		
Mother's Maiden Name <i>Ellen</i>			Mother's Birthplace <i>A.A.Co., Md</i>		
Name of person giving information <i>Mamie Milburn</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia, Valvular Heart disease Asthma</i>	How long <i>one week for the pneumonia</i>
Immediate <i>Heart & Respiratory Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Maclane Cawood, M.D.</i>
<i>Yes</i>	Address <i>Halls, P. Geo Co., Maryland</i>
Accident or Suicide?	

From 13th Oct

B. C. Scott

Name
in
Full

Mr. Leola Bell Miller

CERTIFICATE OF DEATH

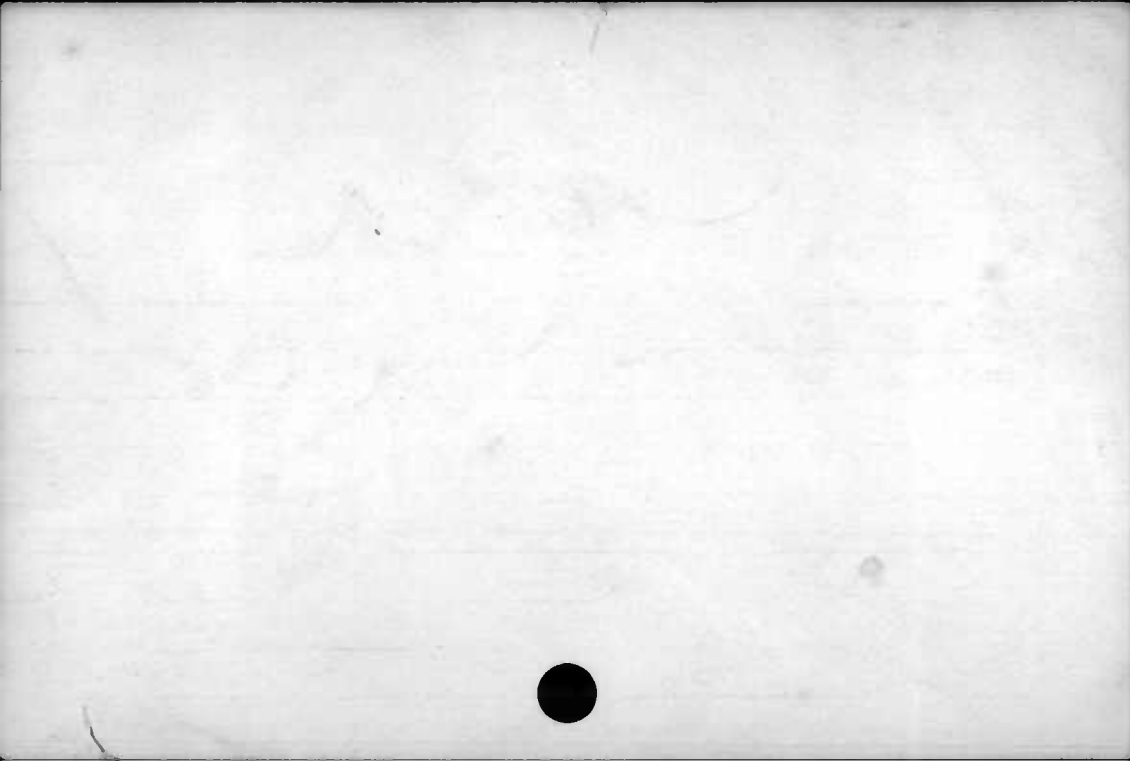
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Riverdale</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>21</i>	Age <i>36</i>	Years <i>36</i>	Months <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>M.D.</i>		
Married, Single <i>married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Walker Miller</i>					
Father's Name <i>Elias Byers</i>			Father's Birthplace <i>M.D.</i>		
Mother's Maiden Name <i>Heczhah Embick</i>			Mother's Birthplace <i>Pa.</i>		
Name of person in information <i>Elizabeth Byers</i>			How related to deceased <i>sister</i>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <i>Thripsis Pneumonia</i>	How long <i>18 months</i>
Immediate <i>+ myeloma</i>	How long <i>18 months</i>
Are the name, age, sex, color date and place correctly given above? <i>YES</i>	Signature of Physician <i>Dr. Richardson</i>
	Address <i>Byrdstown</i>
Accident or Suicide? <i>NO</i>	



Name
in
Full

Raphel Munson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Stevens</i>		County <i>Prince George</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>12</i>	Day <i>16</i>	Age <i>84</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth- place <i>not known</i>				
Married, Single or Widowed <i>married</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Susanna Prooy</i>							
Father's Name <i>not known</i>			Father's Birthplace <i>20</i>				
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>20</i>				
Name of person giving In formation <i>Henry Munson</i>			How related to deceased <i>son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute cellulitis of brain</i>	How long <i>9 days</i>
Immediate <i>septicemia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Halley</i>
	Address <i>Piscataway, N.J.</i>
Accident or Suicide?	



Name
in
Full

Susan Queen

CERTIFICATE OF DEATH

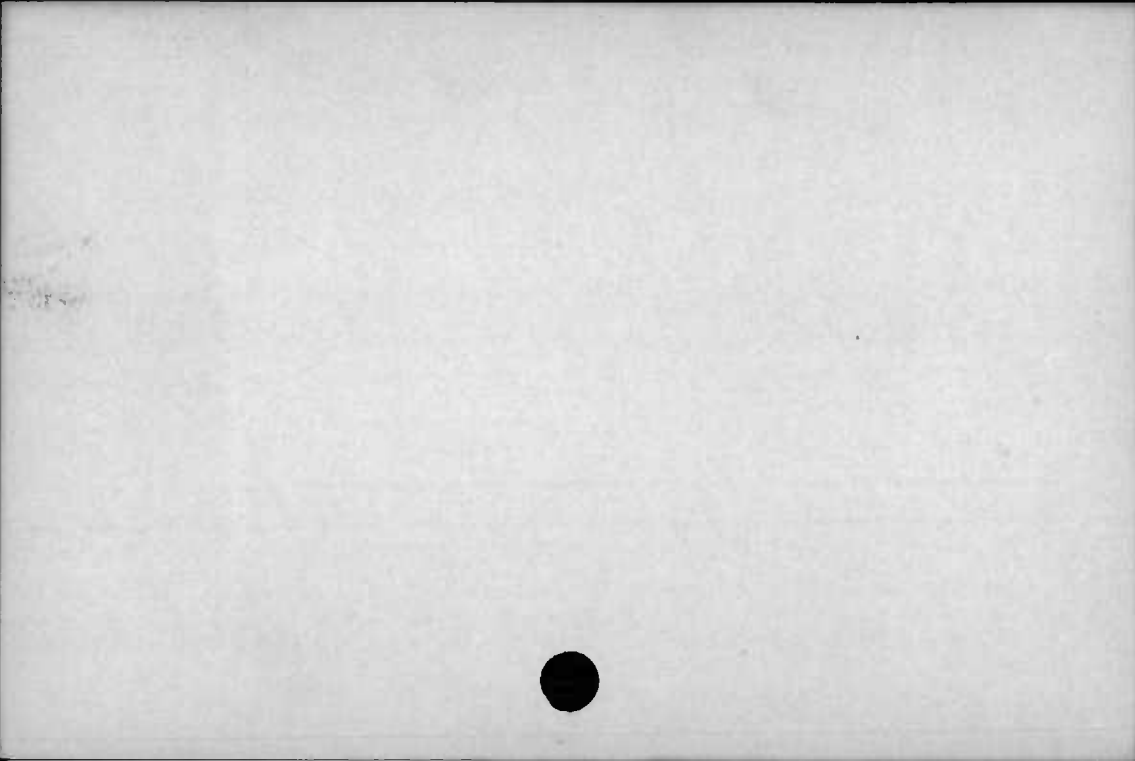
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Bonnie</i>		Town <i>Prince Georges</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death	<i>1903</i>	Month <i>Dec</i>	Day <i>1</i>	Age	<i>28</i>	Years	Months <i>8</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Maryland</i>
Occupation	<i>House Keeper</i>			Where Residing if not at place of death _____			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband _____				
Father's Name	<i>Barrie Queen</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Hannetta Hudson</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Thomas Queen</i>					How related to deceased	<i>Brother in law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Peritonitis</i>		How long	<i>10 days</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>William A Ryan M.D.</i>
			Address	<i>Bonnie Md</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

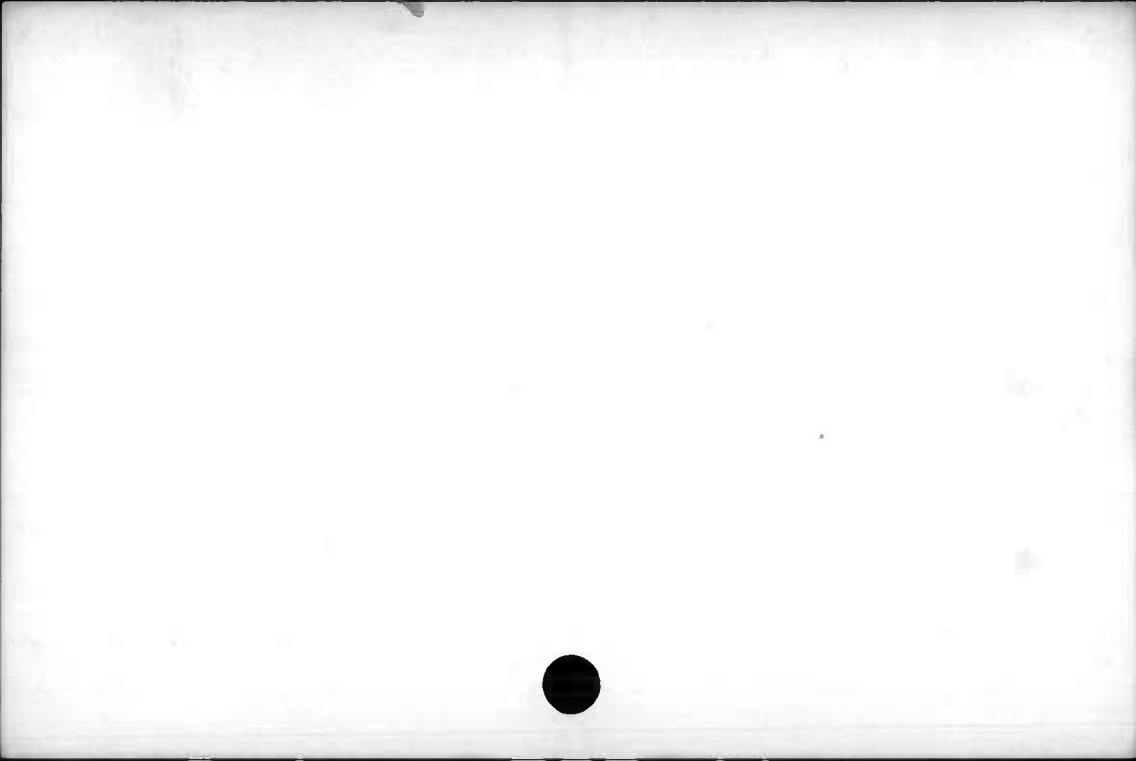
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Hill</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Dec</i> ^{Month}	<i>22</i> ^{Day}	Age <i>1</i> ^{Years}	<i>1</i> ^{Months}	<i>14</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>---</i>			Where Residing if not at place of death <i>Silver Hill</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>---</i>			
Father's Name <i>Brooke Ridgeway</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Oliver D. Oliver</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving Information <i>Samuel King</i>		How related to deceased <i>No relation</i>			

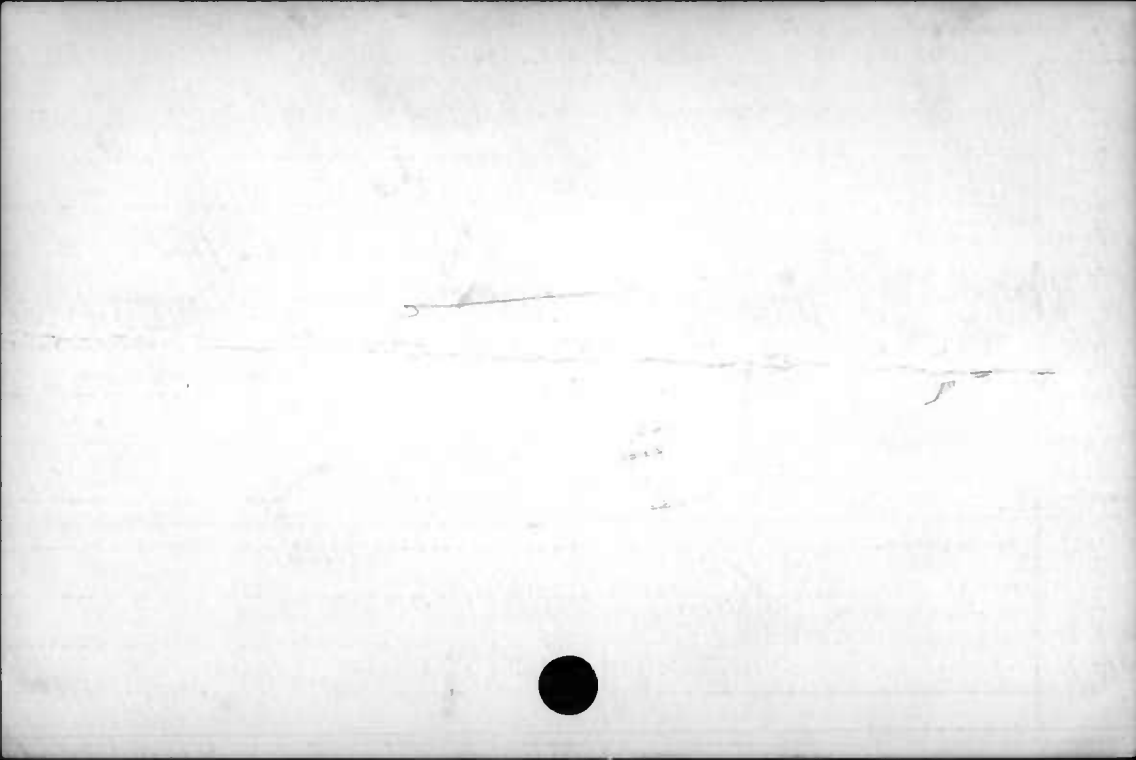
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>4 weeks</i>
Immediate <i>Stomach trouble</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sausbury</i>
	Address <i>Forestville, Md.</i>
Accident or Suicide? <i>---</i>	



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Laurel</i>		County <i>Prince Geo. Co</i>		
		Date of death 190 <i>3</i>		Month <i>December</i>	Day <i>30</i>	Age <i>27</i>
		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Prince Geo. Co</i>
		Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>		
		Name of Wife or Husband <i>L. Bernice Robey</i>				
		Father's Name <i>William H. Robey</i>		Father's Birthplace <i>Prince Geo. Co</i>		
		Mother's Maiden Name <i>Sarah Willis</i>		Mother's Birthplace <i>Prince Geo. Co</i>		
Name of person giving information <i>W. H. Robey</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Typhoid Fever</i>		How long <i>three weeks</i>		
		Immediate <i>collapse</i>		How long <i>two days</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Coon Miller</i>		
				Address <i>Laurel Ma</i>		
		Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND~~Samuel~~ *Robert*Died at *Springfield* Town

County

MARYLAND

Date of death *1903* Month *Dec* Day *25* Age *23* Years Months DaysSex *Female* Color or Race *Caucas* Birth-place *A.A. Co. Md.*Occupation *None* Where Residing if not at place of death *Springfield Md.*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Edman Robinson* Father's Birthplace *Virginia*Mother's Maiden Name *Mary West* Mother's Birthplace *A.A. Co. Md.*Name of person giving Information *Chas Robinson* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Epilepsy* How longImmediate *Exposure* How long

Are the name, age, sex, color, date and place correctly given above?

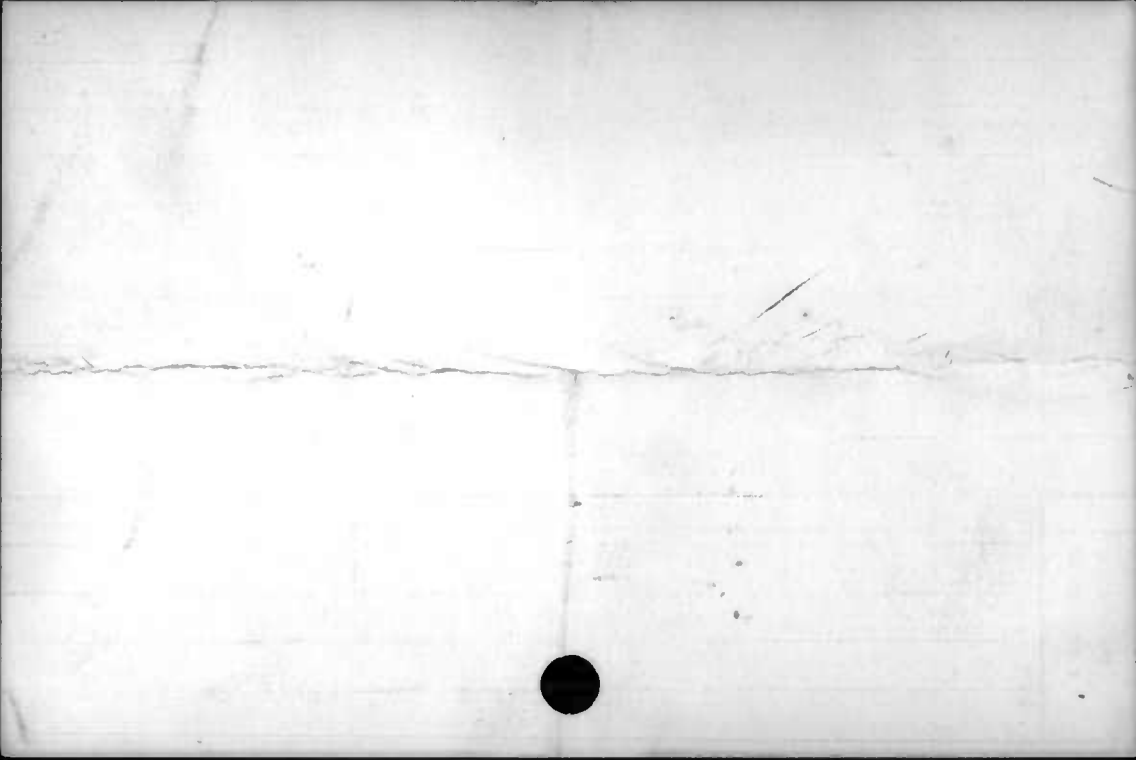
Signature of Physician

Address

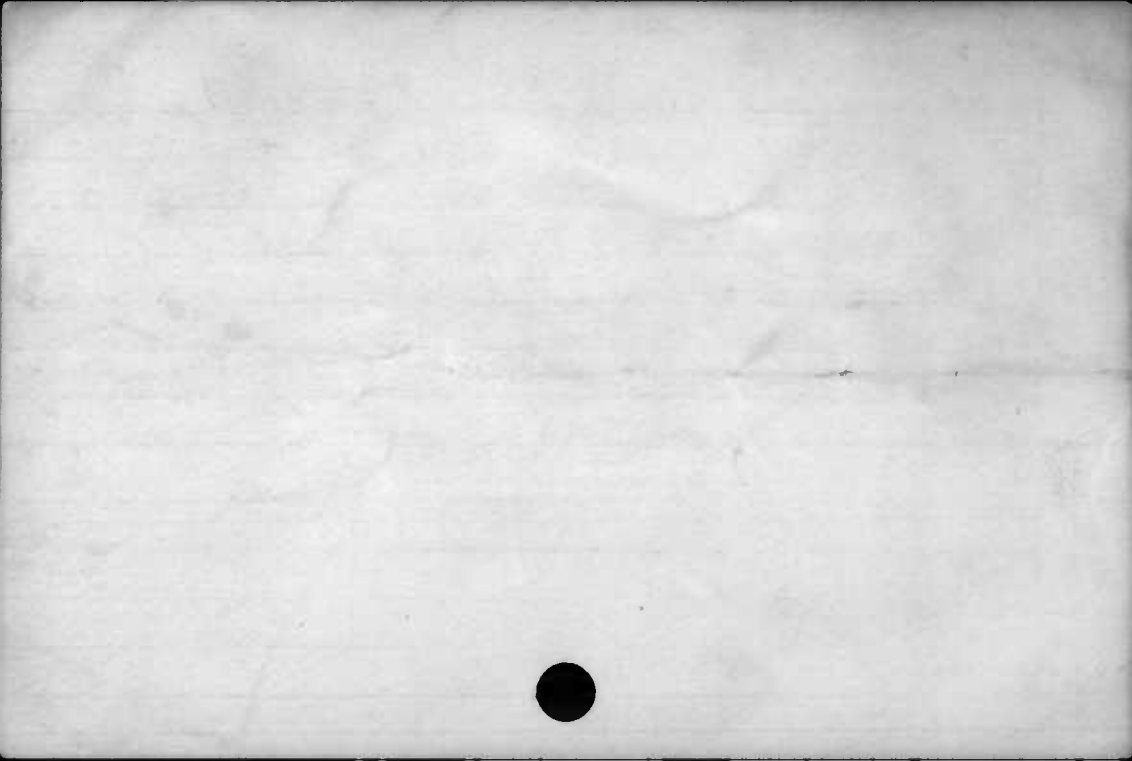
J. M. Donald M.D.
Springfield Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Gandora</i>		County <i>Prince Georges</i>		MARYLAND
	Date of death 190 <i>5</i>	Month <i>December</i>	Day <i>11</i>	Years <i>65</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Appomattox, Virginia</i>	
	Married, Single or Widowed <i>Single</i>		Occupation <i>carpenter</i>		
	Name of Wife or Husband <i>Eloz A Shipley</i>				
	Father's Name		Father's Birthplace <i>Harvard Co. Va</i>		
	Mother's Maiden Name <i>Cyrus Miller</i>		Mother's Birthplace <i>Harvard Co. Va</i>		
Name of person giving information <i>J. B. Shipley</i>		How related to deceased <i>uncle</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>exposure</i>			How long <i>—</i>	
	Immediate			How long <i>—</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>White yes</i>			Signature of Physician <i>—</i>	
	Address <i>Alexander Draper corner</i>				
Accident or Suicide? <i>Accident</i>					



De Ponce.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James D. Smithson				County		Died at		Town	
Price Geo.				Maryland		Died at New Glaz			
Date of death 1903		Month Dec.		Day 11.		Age 50		Years 8	
Sex Male		Color or Race White		Birth-place Md		Months 12		Days 12	
Married, Single or Widowed Single				Occupation Farmer					
Name of Wife or Husband									
Father's Name Alfred Smithson				Father's Birthplace Md					
Mother's Maiden Name Eliza A Scott				Mother's Birthplace Md					
Name of person giving information				Gaston Smithson					
				How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Asthmatic Bronchitis		How long 4 months	
Immediate		Asthma		How long Two weeks	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician J. M. Parker M.D.		
			Address Rose Croft Md		
Accident or Suicide?					

Place of Burial St Ignatius ^{Island}

Dec. 13th 1903

By Thos H Murray

Name in Full

No name, Stillborn Child
 Died at Brentwood P.D. Town Brentwood County MARYLAND

Date 19 03 Dec. 8 Month 8 Day 8 Y. Childborn M. Native of D. Brentwood Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
☒ Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Chas. M. Speaker Mother's Name Clara T. Speaker
 Maiden Name " "

Cause of Death { Primary Strangulation of cord How long sick
 Immediate Asphyxia Accident, Suicide, Homicide

Reported by John H. SpeakerAddress Brentwood Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Nottingham ^{County} Prince GeoDate of death 1903 ^{Month} Dec ^{Day} 13 ^{Years} Age ^{Months} ^{Days} 4Sex Male ^{Color or Race} Black ^{Birth-place} NottinghamMarried, Single
or Widowed

Occupation

Name of Wife or
Husband

Washington Spencer

Father's
Name

Washington Spencer

Father's
Birthplace

Pr Geo Co

Mother's
Maiden Name

Anne Smith

Mother's
Birthplace

Pr Geo Co

Name of person giving
In formation

Martha Blockett

How related
to deceased

Niece

CAUSES OF DEATH

Primary

How long

4 days

Immediate

Spasms

Are the name, age, sex, color, date
and place correctly given above?

yes

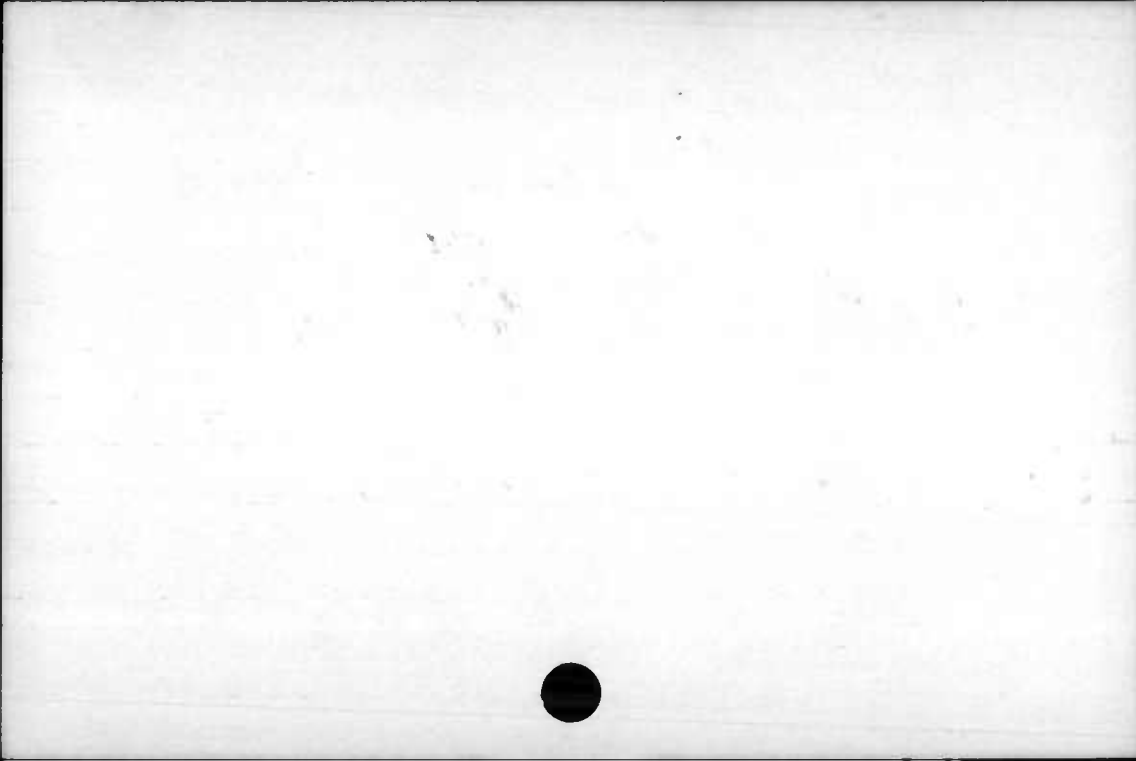
Signature of
Physician

Address

Martha Blockett
Nottingham
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Francis Sprigg				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Halls</i>		Town		<i>P. George</i>		County		MARYLAND	
	Date of death 190 <i>3</i>		Month <i>2</i>		Day <i>12</i>		Age <i>50</i>		Years	
	Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Halls</i>		Months		Days	
	Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>							
	Name of Wife or Husband <i>Emily Spriggs</i>									
	Father's Name <i>Addison Spriggs</i>		Father's Birthplace <i>Halls</i>							
	Mother's Maiden Name <i>Micella Church</i>		Mother's Birthplace <i>Halls</i>							
	Name of person giving information <i>Patrick Diggs</i>		How related to deceased <i>None</i>							
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary <i>Meningitis</i>		How long <i>10 days</i>							
	Immediate		How long							
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Maclane Carver, M.D.</i>							
	<i>Yes</i>		Address <i>Halls</i>							
	Accident or Suicide?		<i>Maryland</i>							



Name
in
Full

Agustine Roy Thompson

CERTIFICATE OF DEATH

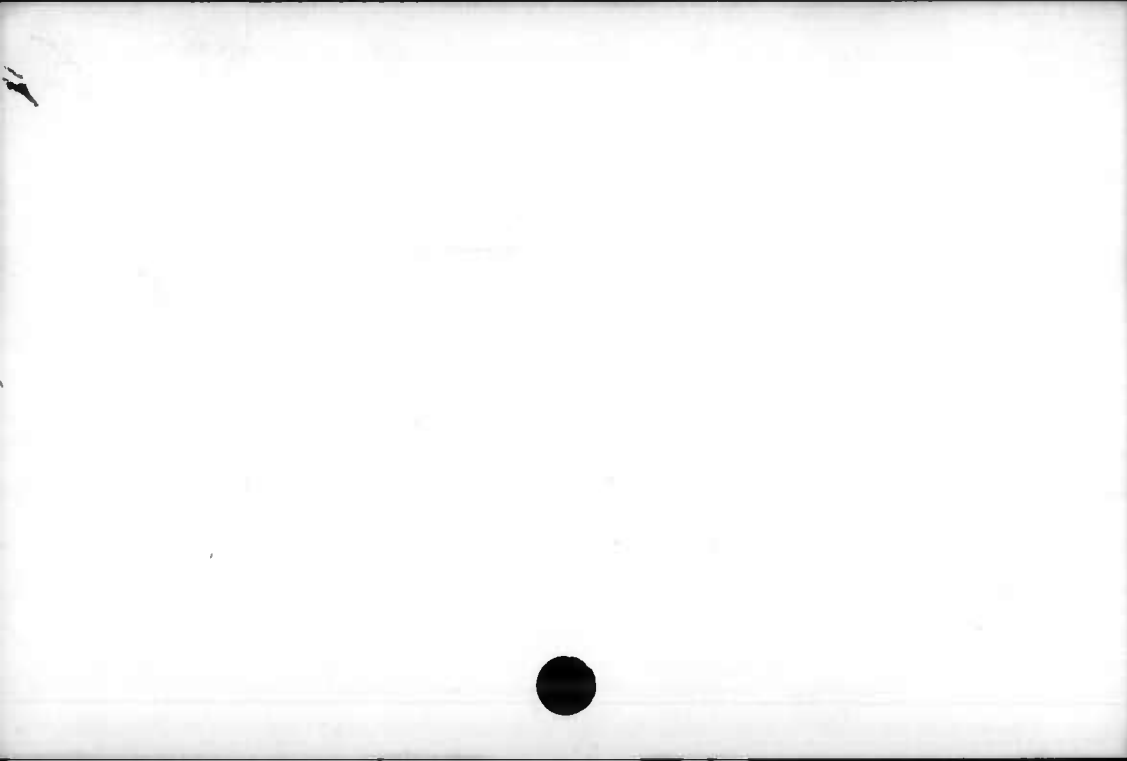
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town near Brandywine		County Prince Georges		MARYLAND	
Date of death	1903	Month December	Day 23	Age	Years	Months 2	Days 24
Sex	male		Color or Race	colored		Birth- place	Piscataway
Occupation				Where Residing if not at place of death			
-----				Brandywine District			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John C. Thompson				Father's Birthplace	
Mother's Maiden Name		Ella Butler				Mother's Birthplace	
Name of person giving Information		John C. Thompson				How related to deceased	
						father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	very delicate, refused to nurse	How long	from birth
Immediate	seemed to go off in a sleep	How long	17 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
the father so states.		J. P. William H. Squires, J.P.	
		Address	
		Brandywine, Potomac, Md.	
Accident or Suicide?			



Name
in
Full

Susan Hatson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upper Marlboro'</u> <small>Town</small>		<u>Pr. George's</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u>	<u>12</u> <small>Month</small>	<u>26</u> <small>Day</small>	Age <u>98</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>P. G. Co.</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single Widowed	<u>Widow</u>	Name of Wife or Husband <u>Stephen Hatson</u>			
Father's Name <u>Don't know</u>	154		Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>" "</u>			Mother's Birthplace <u>" "</u>		
Name of person giving Information <u>George Clarke</u>			How related to deceased <u>Grandson</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	How long <u>3 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>George Clarke, Grandson</u>
<u>Yes</u>	Address <u>Upper Marlboro', Md.</u>
Accident or Suicide?	

5200.

Name
in
Full

Annice L. Whitehead

CERTIFICATE OF DEATH

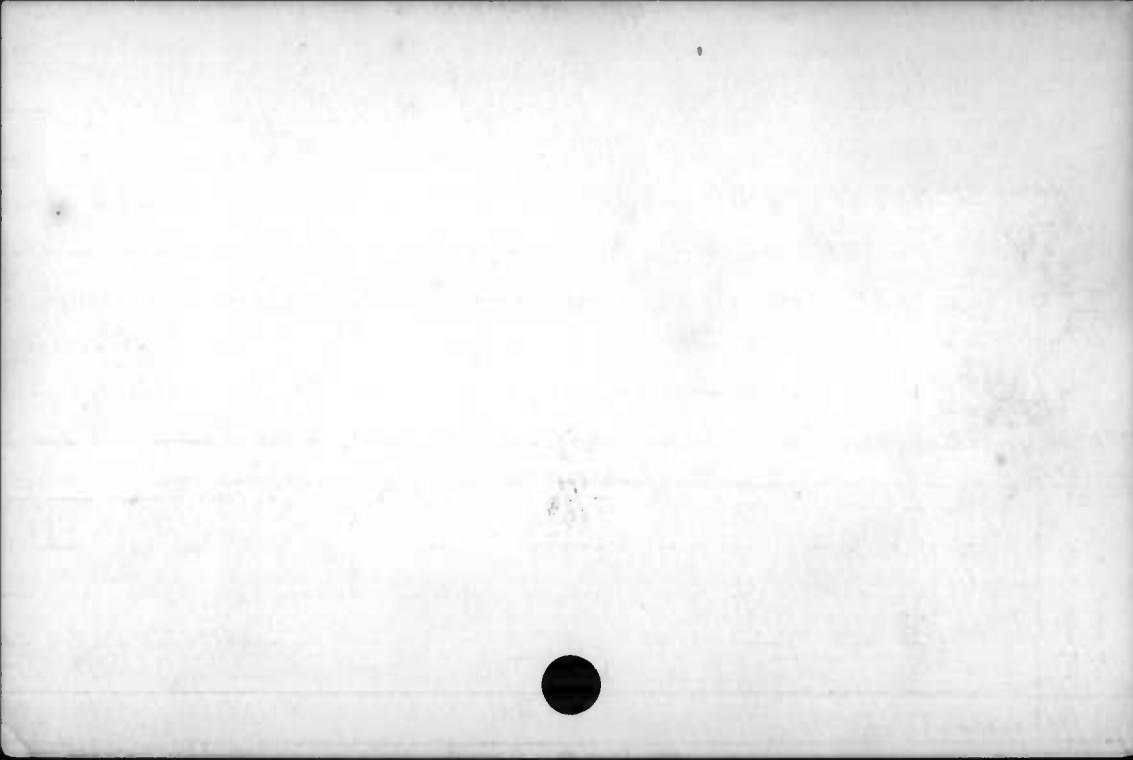
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Prince Geo.		MARYLAND	
Date of death 190	3	Month Dec	22	Day	Age	22	Years
						Months	29
Sex		female		Color or Race		white	
				Birth- place		Laurel	
Married, Single or Widowed		single		Occupation			
Name of Wife or Husband							
Father's Name				Thos B Whitehead			
Father's Birthplace				Md			
Mother's Maiden Name				Victoria Prespro			
Mother's Birthplace				Va.			
Name of person giving In formation				Geo J. Whitehead			
				How related to deceased			
				daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Suberculosis	How long	6 mo
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Mary Williams

Died at ^{Town} Lakeland ^{County} Prince George MARYLAND

Date 19 03 Month 12 Day 15 Y. M. D. Age 40. Native of Md Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ of

Wife Charles Williams

Father's Name Mother's Name

Proctor

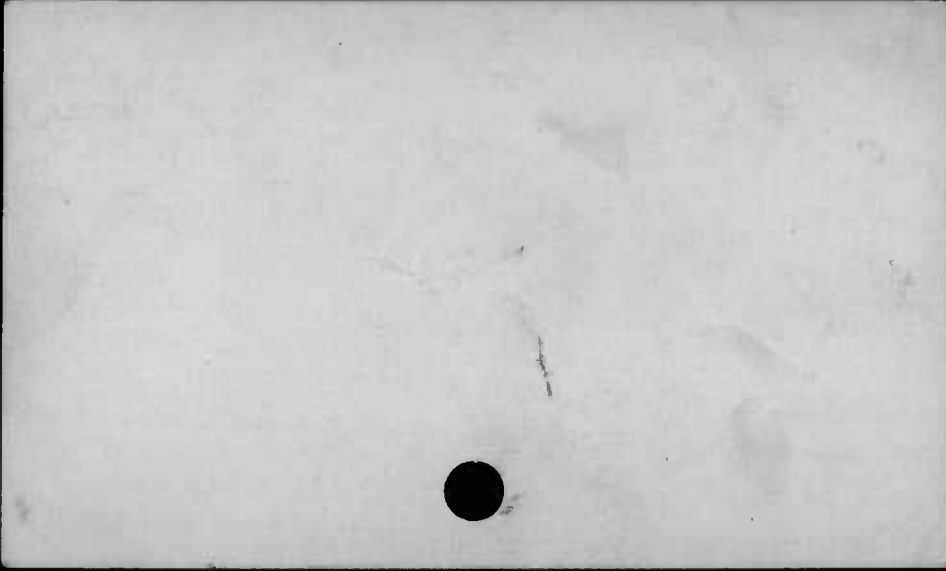
Cause of Death { Primary Heart failure How long sick Suddenly

Death { Immediate Accident, Suicide, Homicide

Reported by A. O. Sturges M.D.

Address Pinewyn M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. J. — Woodrow

Died at ^{Town} *Dorrestville* ^{County} *Prince Geo*

MARYLAND

Date of death *1903* Month *Dec* Day *7* Age *16* hours *16* Months *None* Days *None*Sex *Male* Color or Race *Colored* Birth-place *Md*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *J. Thomas Woodrow* Father's Birthplace *Md*Mother's Maiden Name *Rosa E. Hawkins* Mother's Birthplace *Md*Name of person giving Information *J. J. Woodrow* How related to deceased *Father*

CAUSES OF DEATH

Primary *General debility* How long *—*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

John E. Sausbury
Dorrestville
*Md.*Accident or Suicide? *—*PHYSICIAN
OR CORONER

